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Electronic Patent Application Submission
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EFS ID: 14680
Application ID: 10063373
Title of Invention: METHOD AND APPARATUS FOR
REDUCING X-RAY DOSAGE IN CT
IMAGING PRESCRIPTION
First Named Inventor: Thomas Toth
Domestic/Foreign Application: Domestic Application
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Deposit Account Number: 70845
Deposit Account Name: Timothy J. Ziolkowski



TRANSMITTAL FORM

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Stylesheet Version: 1.0

Submission Type: Utility
Patent Filing

Attorney Docket
Number:

GEMS8081.111



METHOD AND APPARATUS FOR REDUCING X-RAY DOSAGE IN CT IMAGING PRESCRIPTION

First Named Inventor: Mr. Thomas L. Toth

SUBMITTED BY

Name:	Mr. Timothy J. Ziolkowski Esq.
Registration Number:	38,368
Electronic Signature	Date Signed: 20020416
Mark: /s/Timothy J. Ziolkowski	

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Attached Files:

declaration	dec1.tif
declaration	dec2.tif

submitfee.xml
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dec1.tif

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[illegible]

[illegible]

PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an ori
are listed below) of the subject matter which is claimed and for which a patent is sought on th

METHOD AND APPARATUS FOR REDUCING X-RAY DOSAGE IN CT

the specification of which is attached hereto unless the following box is checked:

() was filed on _____ as US Application Serial No. or PCT Internation
Number _____ and was amended on _____ (if appl

I hereby state that I have reviewed and understood the contents of the above-identified speci
any amendment(s) referred to above. I acknowledge the duty to disclose all information whi
CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application
have also identified below any foreign application for patent or inventor(s) certificate having a filing date before tha

COUNTRY	APPLICATION NUMBER	DATE FILED	

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional applic

APPLICATION SERIAL NUMBER	FILING DAT

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) liste
claims of this application is not disclosed in the prior United States application in the manner provided by the first
acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Sectio
prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	ST.

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this
Trademark Office consented therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Thomas L. Toth

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Thomas L. Toth
Inventor's Signature

Date

4/16/02

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 1400

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

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Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: Timothy J. Ziolkowski

Electronic Signature Mark: /s/ Timothy J. Ziolkowski

Date Signed: 20020416

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 38	103	\$ 18	18	\$ 324
Independent Claims: 7	102	\$ 84	4	\$ 336

Subtotal For Extra Claims Fees: \$ 660